## **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015



# Electronic Filing

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Page 1 of 37

#### COVER PAGE

			VERIA	GE			•
1. NAME OF COMMITTEE							
New Canaan Democratic Town Commi	ttee						
2. TREASURER NAME							
First  Elizabeth			MI	Last Orteig			Suffix
3. TREASURER ADDRESS							
Street Address 108 Bayberry Rd		City New (	Canaan		State CT		Zip Code 06840
200 22,20, 1							
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	GHT (Co	mplete only if C	andidate Committee)		6. DISTRI	CT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candid	late or Exploratory Co.	mmittee	e)			•	
First			MI	Last			Suffix
8. TYPE OF REPORT							
7th Day Preceding General Election - C	Priginal						
9. PERIOD COVERED							
В	eginning Date			Ending Date			
1	0/01/2023		thru	10/29/2023			
10 CERTIFICATION							
I hereby certify and state, under Itemized Campaign Finance I complete.							
_	lizabeth Orteig RINT NAME OF THE	SIGNE	ER		<b>0/31/2023 4</b> DATE CERTIFIED		
A Person who is found to have kno penalty or imprisonment or both.	wingly and willfully	violate	ed any provis	ions of the campaign fin	ance statutes fa	ices a civil	

## **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
New Canaan Democratic Town Committee	7th Day Preceding General Election - Or	riginal
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$2,588.97
12. Balance on hand at the beginning of Reporting Period	\$16,289.90	
13. Contributions received from Individuals (Section A and B)	\$15,830.00	\$58,635.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$425.00	\$1,462.87
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$16,255.00	\$60,097.87
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$32,544.90	\$62,686.84
19. Expenses Paid by Committee (Section P)	\$10,054.85	\$40,196.79
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$22,490.05	\$22,490.05
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

	I. MONETARY RECEIPT	S (Section	1 A-K)			
NAME OF COMMITTEE (Provide Complete		,	,	TYPE OF REPORT		
New Canaan Democratic Town Committee	<u> </u>	лу)		7th Day Preceding General	Election - 0	Original
A. Total Contributions from Small (	Contributors-Received this Perio	od ONLY		\$40.00		
(See instructions for definition of Small Contributor)		Subtota	l Section A	4 10100		
	B. Itemized Contributions from I	ndividuals				
Last Name		First	Name			MI
Trifero			Jack			
Residential Street Address		City			State	Zip Code
43 Evans Ln		Wiltor			СТ	06897
Principal Occupation		1	Name of Employer			
real estate sales			Sotheby's			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of			Yes No	Amo	ount of Contribution
of dependent child of a loobyist?	officer of a municipality does contributor or busine a contract with said municipality valued at more the		iated with have	L ies L No		
x <sub>No</sub>	a contract with said municipanty valued at more th	iaii \$5000:				
Is this contribution associated with an	Is contributor a principal of state contractor or pro-	spective state co	ontractor?	Yes X No		
event reported in Section L1?  If yes, list Event #  X  No	If yes, indicate which branch or branches of government the contract is with:	Ex	ecutive Legislativ	<del></del>		
-	government the contract is with:				_	
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money Order	10/02/2022	475.00		<b>†</b> 35 00
			10/02/2023	\$75.00		\$75.00
Last Name		First	Name			MI
Soohoo			Bryant			
Residential Street Address		City			State	Zip Code
801 Sugaree Ave		Austir			TX	78750
Principal Occupation		1	Name of Employer			
Mechanical Design Engineer			PaniSystems			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of			Yes No	Amo	ount of Contribution
of dependent child of a lobbyist?	officer of a municipality does contributor or busine a contract with said municipality valued at more the		tated with have			
x <sub>No</sub>						
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pro-	spective state co	ontractor?	Yes X No		
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	Ex	ecutive Legislativ	ve		
Method of Contribution			Date Received	Aggregate Contributions	+	
			Build Received	I iggi egate contributions		
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money Order	10/04/2023	\$300.00		\$300.00
Last Name		First	Name			MI
Schulte			Kathy			
Residential Street Address		City			State	Zip Code
38 Danvers Ln		New 0	Canaan		CT	06840
Principal Occupation		1	Name of Employer	-		
retired			retired			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committee for a	chief executive	Yes No	Amo	ount of Contribution
or dependent child of a lobbyist:	officer of a municipality does contributor or busine		iated with have	Yes No		
x <sub>No</sub>	a contract with said municipality valued at more th	ian \$5000?				
Is this contribution associated with an	Is contributor a principal of state contractor or pro-	spective state co	ontractor?	Yes X No		
event reported in Section L1?  If yes, list Event #  X  No	If yes, indicate which branch or branches of	Fv	ecutive Legislativ			
-	government the contract is with:			1		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/De	ebit Card Payroll Deduction	Money Order	10/11/2023	\$300.00		\$300.00

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		I. MONETARY I	RECEIPT	S (Sec	ction A	<b>A-K</b> )				
NAME OF COMMITTEE (Provid	le Complete					,	TYPE OF REPORT			
New Canaan Democratic Town	n Committe	e					7th Day Preceding Gener	ral Election -	Original	
		B. Itemized Contribut	ions from I	ndivid	luals					
Last Name					First Na	me				MI
Niang				,	Fa	tou				
Residential Street Address  127 Wellesley Dr				City	lew Ca	naan		State CT	Zip Cod 06840	
Principal Occupation				1		me of Employer		Ci	1 00040	,
realtor						WPSIR				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$40 officer of a municipality does con a contract with said municipality	tributor or busine	ess he/she	e associat		Yes X No	Am	nount of Con	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of the s	_	spective s	Execu		Yes X No			
Method of Contribution		_	_			Date Received	Aggregate Contributions			
Cash Personal Check	X Credit/Del	oit Card Payroll Deduc	etion	Money (	Order	10/11/2023	\$1,800.00		\$600.0	00
Last Name Connelly					First Na	me san				MI
Residential Street Address				City				State	Zip Cod	le
1685 Chestnut Ave .				V	Vinter I			FL	32789	)
Principal Occupation					Na	me of Employer				
Executive						Darden Restau	rants			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$40 officer of a municipality does con a contract with said municipality	tributor or busine	ess he/she	e associat		Yes X No	Am	nount of Con	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:	•	spective s	Execu		Yes X No			
Method of Contribution						Date Received	Aggregate Contributions			
Cash Personal Check	X Credit/Dei	oit Card Payroll Deduc	etion	Money (	Order	10/11/2023	\$2,000.00		\$2,000.	00
Last Name					First Na	me				MI
Prestifilipo				1	All	ison			1	
Residential Street Address  24 Indian Head Rd .				City	1orristo	own		State NJ	Zip Cod 07960	
Principal Occupation					_	me of Employer		1	1	
Physician						Medical Associ	ates of Mendham			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$40 officer of a municipality does con a contract with said municipality	tributor or busine	ess he/she	e associat		Yes X No	Am	nount of Con	ntribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:	-	spective s	Execu		Yes X No			
Method of Contribution						Date Received	Aggregate Contributions			
Cash Personal Check	X Credit/Del	oit Card Payroll Deduc	etion	Money (	Order	10/11/2022	¢500.00		<b>#</b> F00.0	10

10/11/2023

\$500.00

\$500.00

											1 42	,0 5 01 57
		I. M	ONETARY	RECEIPT	S (Se	ction A	A-K)					
NAME OF COMMITTEE (Provide C	•	Name as R						TYPE OF REPORT				
New Canaan Democratic Town C	Committee							7th Day Preceding Gene	ral Electi	on - Oı	riginal	
		B. Itemi	ized Contrib	utions from	Individ	luals						
Last Name						First Na	nristina					MI
Fagerstal Residential Street Address					City	Cr	iristina		State	_	Zip Coo	la
289 Weed St						New Ca	naan		CT		06840	
Principal Occupation					<u> </u>		me of Employer		1 .			
Retired							Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		officer of a	on is in excess of \$ municipality does c rith said municipalit	ontributor or busin	ness he/sh	e associat		Yes No		Amou	int of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	If yes, indica	or a principal of sta ate which branch or the contract is with	r branches of	ospective s	Execu		Yes X No				
Method of Contribution	-						Date Received	Aggregate Contributions				
Cash Personal Check	Credit/Del	bit Card	Payroll Dec	luction	Money (	Order	10/11/2023	\$650.00			\$300.0	00
Last Name						First Na	ıme					MI
Englund						Sv	ven .					R
Residential Street Address					City				State		Zip Coc	le
9 Fairty Dr					1	New Ca	naan		СТ		06840	)
Principal Occupation						Na	me of Employer					
Engineer							DRS NPS					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		officer of a	on is in excess of \$ municipality does of the said municipality	ontributor or busin	ness he/sh	e associat		Yes No		Amou	int of Cor	ntribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	If yes, indica	or a principal of star ate which branch or	r branches of	ospective s	state contr		Yes X No				
Method of Contribution		government	the contract is with	1:			Date Received	Aggregate Contributions	_			
Cash Personal Check	Credit/Del	bit Card	Payroll Dec	luction	Money (	Order	10/11/2023	\$250.00			\$250.0	00
T						T	<b>1</b>					
Last Name Schwedel						First Na	ime ica					MI
Residential Street Address					City	Li	ica		State		Zip Coo	le
57 Welles Ln					1 1	New Ca	naan		СТ		06840	
Principal Occupation					-	Na	me of Employer					
Retired							Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		officer of a	on is in excess of \$ municipality does c rith said municipality	ontributor or busin	ness he/sh	e associat		Yes No		Amou	int of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	If yes, indica	or a principal of sta ate which branch or the contract is with	r branches of	ospective s	Execu		Yes X No				
Method of Contribution							Date Received	Aggregate Contributions				
Cash Personal Check	Credit/Del	bit Card	Payroll Dec	luction	Money (	Order	10/11/2022	#2.125.00			4 425	00

10/11/2023

\$2,125.00

\$1,425.00

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		I. MONETARY RECEI	PTS (Se	ction A	<b>A-K</b> )				
,	•	Name as Registered with Filing Repo			,	TYPE OF REPORT 7th Day Preceding Gener	ral Election	- Original	
New Canaan Democratic T	own Committe	B. Itemized Contributions from	m Individ	Inals		1 - 1 - 2 - 3 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3			
		B. Itemized Contributions from	ın maivid	iuais					
Last Name				First Na					MI
Wexler Residential Street Address			City	Ac	lam		State	Zip Cod	do
84 Rilling Rdg				New Ca	naan		CT	06840	
Principal Occupation					me of Employer		<u> </u>	1 000 10	
Attorney					Take-Two Inter	active Software, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candic officer of a municipality does contributor or b a contract with said municipality valued at mo	ousiness he/sh	e associat		Yes No	Aı	mount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or If yes, indicate which branch or branches of government the contract is with:	r prospective	Exec		Yes X No			
Method of Contribution		•			Date Received	Aggregate Contributions			
Cash Personal Check	X Credit/De	ebit Card Payroll Deduction	Money	Order	10/12/2023	\$410.00		\$250.0	00
Last Name				First Na	ıme	•	•		MI
Scripps				Ba	ırbara				В
Residential Street Address			City				State	Zip Cod	de
85 Rosebrook Rd			ı	New Ca	naan		СТ	06840	)
Principal Occupation				Na	me of Employer				
Retired					Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	If contribution is in excess of \$400 to a candic officer of a municipality does contributor or b a contract with said municipality valued at mo	ousiness he/sh	e associat		Yes No	Aı	mount of Cor	ıtribution
Is this contribution associated with an	Yes	Is contributor a principal of state contractor or	r prospective :	state cont	ractor?	Yes X No			
event reported in Section L1?  If yes, list Event #	☐ No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legisla				
Method of Contribution			_		Date Received	Aggregate Contributions			
Cash Personal Check	X Credit/De	ebit Card Payroll Deduction	Money	Order	10/12/2023	\$500.00		\$500.0	)0
Last Name				First Na	ime				MI
Mitrakis				Ni	cholas				
Residential Street Address 201 Mill Rd			City	New Ca	naan		State CT	Zip Cod 06840	
Principal Occupation					me of Employer		Ci	1 00040	
SVP Corporate Controller					WSP USA				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	If contribution is in excess of \$400 to a candid officer of a municipality does contributor or b a contract with said municipality valued at mo	ousiness he/sh	e associat		Yes No	Aı	mount of Cor	ntribution
Is this contribution associated with an	□ Vaa	Is contributor a principal of state contractor or	r prospective :	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event #	Yes No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legisla				
Method of Contribution		-			Date Received	Aggregate Contributions			
Cash Personal Check	X Credit/De	ebit Card Payroll Deduction	Money	Order	10/12/2022	¢175.00		±100 f	20

10/12/2023

\$175.00

								1 45	C / 01 3 /
		I. MONETARY R	ECEIPTS (S	ection	A-K)				
NAME OF COMMITTEE (Provide	e Complete				<del>,</del>	TYPE OF REPORT			
New Canaan Democratic Town	•		is responding			7th Day Preceding Gener	al Election -	Original	
		B. Itemized Contribution	ns from Indi	viduals		•			
Last Name				First N					MI
Turrentine  Residential Street Address			Ci		oddy		State	Zip Code	T
79 Greenley Rd				New Ca	anaan		CT	06840	
Principal Occupation					ame of Employer		1	1	
Retired					Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to officer of a municipality does contribute a contract with said municipality value.	butor or business he	/she associa		Yes No	Ame	ount of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state co.  If yes, indicate which branch or brangovernment the contract is with:			tractor?	Yes X No			
Method of Contribution					Date Received	Aggregate Contributions			
Cash Personal Check	X Credit/De	bit Card Payroll Deduction	on Mon	ey Order	10/13/2023	\$100.00		\$100.0	0
Last Name				First N	ame				MI
Harper				М	lartha		_		
Residential Street Address			Ci	•			State	Zip Code	
174 Marshall Ridge Rd Principal Occupation				New Ca	anaan ame of Employer		СТ	06840	1
				IN.					
Healthcare					Pfizer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to officer of a municipality does contribute a contract with said municipality value.	butor or business he	/she associa		Yes No	Am	ount of Con	tribution
Is this contribution associated with an	Пу-	Is contributor a principal of state con	ntractor or prospecti	ve state con	tractor?	Yes X No			
event reported in Section L1? If yes, list Event #	Yes No	If yes, indicate which branch or bran government the contract is with:	nches of	Exec	cutive Legisla				
Method of Contribution					Date Received	Aggregate Contributions			
Cash Personal Check	X Credit/De	bit Card Payroll Deduction	on Mon	ey Order	10/13/2023	\$200.00		\$200.0	0
Last Name				First N	ame				MI
Hendricks				Ir	rene				
Residential Street Address			Ci	-			State	Zip Code	
133 Spring Water Ln Principal Occupation				New Ca	anaan ame of Employer		СТ	06840	1
Human Resources					Acclara				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to officer of a municipality does contribute a contract with said municipality va	butor or business he	/she associa		Yes No	Am	ount of Con	tribution
Is this contribution associated with an	Yes	Is contributor a principal of state con	ntractor or prospecti	ve state con	tractor?	Yes X No			
event reported in Section L1? If yes, list Event #	No No	If yes, indicate which branch or bran government the contract is with:	nches of	Exec	cutive Legisla				
Method of Contribution					Date Received	Aggregate Contributions			
Cash Personal Check	x Credit/De	bit Card Payroll Deduction	on Mon	ey Order	10/12/2022	+3F0.00		+250.0	•

10/13/2023

\$250.00

\$250.00

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		I. M	ONETARY	RECEIPT	S (Sec	ction A	<b>A-K</b> )					
NAME OF COMMITTEE (Provide	•	Name as Ro					Ź	TYPE OF REPO		ti C	Deleteral	
New Canaan Democratic Town	Committe							7th Day Preceding	General E	ection - C	лідіпаі	
		B. Itemi	zed Contribut	tions from I	Individ	luals						
Last Name Connolly						First Na	me nda					MI
Residential Street Address					City	Ly	iiua		S	tate	Zip Coo	de
87 Gunning Point Rd					1	almout	:h			1A	02540	
Principal Occupation						Na	me of Employer					
Attorney							self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		officer of a r	on is in excess of \$40 municipality does cor ith said municipality	ntributor or busin	ess he/sh	e associat		Yes X	No	Amo	ount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes X No	If yes, indica	or a principal of state ate which branch or b the contract is with:	-	spective s	Execu		Yes X No				
Method of Contribution		-					Date Received	Aggregate Contribu	utions			
Cash Personal Check	Credit/De	bit Card	Payroll Deduc	etion	Money (	Order	10/14/2023	\$500.0	0		\$500.0	00
Last Name						First Na	me					MI
Dubin						То	m					
Residential Street Address					City				S	tate	Zip Coo	de
197 Signal Hill Rd					\	Vilton			C	T	06897	7
Principal Occupation						Na	me of Employer					
Retired						$\perp$	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	officer of a r	on is in excess of \$40 municipality does cor ith said municipality	ntributor or busin	ess he/sh	e associat		Yes	No	Amo	ount of Cor	ntribution
Is this contribution associated with an	Yes	Is contribute	or a principal of state	contractor or pro-	spective s	state contr	ractor?	Yes X No				
event reported in Section L1? If yes, list Event #	No Yes	-	ate which branch or b the contract is with:	oranches of		Execu	utive Legisla					
Method of Contribution							Date Received	Aggregate Contribu	utions	1		
Cash Personal Check	Credit/De	bit Card	Payroll Deduc	etion	Money (	Order	10/15/2023	\$250.0	0		\$250.0	00
Last Name						First Na	me					MI
Boris						Ja	mie					
Residential Street Address					City					tate	Zip Coo	
22 Crystal St					ľ	lew Ca			C	T	06840	)
Principal Occupation  Executive director						Na	me of Employer  ABC New Cana	an				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	officer of a r	on is in excess of \$40 nunicipality does cor ith said municipality	ntributor or busin	ess he/sh	e associat		Yes	No	Amo	ount of Cor	ntribution
Is this contribution associated with an	П	Is contribute	or a principal of state	contractor or pro-	spective s	state contr	ractor?	Yes X No		1		
event reported in Section L1? If yes, list Event #	Yes No		ate which branch or b the contract is with:	oranches of	[	Execu	utive    Legisla					
Method of Contribution							Date Received	Aggregate Contribu	utions			
Cash Personal Check	X Credit/De	bit Card	Payroll Deduc	etion	Money (	Order	10/16/2022	#100.0			±100 (	20

\$100.00

											1 42	50 7 01 37
		I. M	ONETARY	RECEIP	TS (Sec	ction A	A-K)					
NAME OF COMMITTEE (Provide Co	•	Name as Re						TYPE OF REPORT			2.21	
New Canaan Democratic Town Co	mmittee							7th Day Preceding Gener	rai Electi	ion - O	riginai	
		B. Itemi	zed Contrib	utions from	1 Individ	luals						
Last Name						First Na						MI
Murphy Carroll  Residential Street Address					City	Ar	iiy		State		Zip Coo	ie.
43 Chichester Rd						New Ca	naan		CT		06840	
Principal Occupation							me of Employer					
Retired							Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No		officer of a r	on is in excess of s municipality does ith said municipali	contributor or bus	siness he/sh	e associat		Yes No		Amou	unt of Co	ntribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	If yes, indica	or a principal of sta ate which branch of the contract is wit	or branches of	prospective s	Exec		Yes X No				
Method of Contribution	-						Date Received	Aggregate Contributions				
Cash Personal Check	Credit/Deb	oit Card	Payroll De	duction	Money (	Order	10/16/2023	\$360.00			\$200.0	00
Last Name						First Na	ıme					MI
Philipson						Ka	iren					
Residential Street Address					City				State		Zip Coo	de
438 Silvermine Rd					1	New Ca	naan		СТ		06840	)
Principal Occupation						Na	me of Employer					
IT Director							Terex					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No		officer of a r	on is in excess of s municipality does ith said municipali	contributor or bus	siness he/sh	e associat		Yes No		Amou	ınt of Coı	ntribution
Is this contribution associated with an event reported in Section L1?	Yes		or a principal of sta	•	prospective s	state cont	ractor?	Yes X No				
If yes, list Event #	No		ate which branch of the contract is wit			Exec	utive Legislat	tive				
Method of Contribution	•						Date Received	Aggregate Contributions				
Cash Personal Check X	Credit/Deb	oit Card	Payroll De	duction	Money (	Order	10/16/2023	\$100.00			\$100.0	00
Last Name						First Na	ime					MI
LaVerne						Da	arren					
Residential Street Address					City				State		Zip Coo	
77 Woodridge Cir					1	New Ca			СТ		06840	)
Principal Occupation  Attorney						Na	me of Employer  Kramer Levin					
Is contributor a lobbyist, spouse,		If contribution	on is in excess of S	5400 to a candida	te committe	e for a ch	ief executive	Yes No		Amou	ınt of Coı	ntribution
or dependent child of a lobbyist?  Yes  X No			nunicipality does of the said municipality				ed with have	☐ Yes ☐ No				
Is this contribution associated with an	Yes	Is contributo	or a principal of sta	ite contractor or p	prospective s	state cont	ractor?	Yes X No	$\neg$			
event reported in Section L1? If yes, list Event #	- 1	-	ate which branch of the contract is wit			Exec	utive Legislat					
Method of Contribution							Date Received	Aggregate Contributions				
Cash Personal Check	Credit/Deb	oit Card	Payroll De	duction	Money (	Order	10/16/2022	#100.00			+400.0	

\$100.00

											Pag	ge 10 01 3
		I. N	IONETARY R	ECEIPT	S (Sec	tion A	A-K)					
NAME OF COMMITTEE (D	1.0.14				•	1011		TWDE OF DEDORT				
NAME OF COMMITTEE (Provi New Canaan Democratic Tow	•		tegistered with Fili	ng Keposito	ory)			TYPE OF REPORT  7th Day Preceding Gene	ral Elec	tion - C	riginal	
New Canadi Democratic Tow	ii Committe		ized Contributio	ns from I	ndivid	nals						
		D. Item	izeu Contributio	)118 11 UIII 1	iluiviu	uais						
Last Name						First Na	me					MI
Edmands							ısan					В
Residential Street Address					City				State	,	Zip Coo	de
4 Mead St					N	lew Ca	naan		СТ		06840	)
Principal Occupation						Na	me of Employer					
Managing Director							BST America LL	.C				
or dependent entitle of a tobbyist:	Yes No	officer of a	ion is in excess of \$400 municipality does contrivith said municipality va	ibutor or busine	ess he/she	associat		Yes No		Amo	unt of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	If yes, indic	tor a principal of state co cate which branch or bra t the contract is with:	•	spective st	Execu		Yes X No				
Method of Contribution		•					Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/De	bit Card	Payroll Deduction	on $\square$	Money O	order	10/16/2023	\$25.00			\$25.0	0
Last Name						First Na	me					MI
Smith						Da	ircy					
Residential Street Address					City				State	:	Zip Coo	de
27 Woodridge Cir					N	lew Ca	naan		СТ		06840	)
Principal Occupation						Na	me of Employer					
teacher							New Canaan Pu	blic Schools				
of dependent child of a loobyist:	Yes	officer of a	ion is in excess of \$400 municipality does contri with said municipality va	ibutor or busine	ess he/she	associat		Yes No		Amo	unt of Co	ntribution
Is this contribution associated with an	Yes	Is contribut	tor a principal of state co	ntractor or pro	spective st	tate contr	actor?	Yes X No				
event reported in Section L1? If yes, list Event #	No No		cate which branch or bra t the contract is with:	nches of		Execu						
Method of Contribution		!					Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/De	bit Card	Payroll Deduction	on $\square$	Money O	order .	10/16/2023	\$300.00			\$50.0	0
Last Name						First Na	me					MI
Laline							iniel					G
Residential Street Address					City				State	:	Zip Coo	de
145 East Ave					N	lew Ca	naan		СТ		06840	)
Principal Occupation						Na	me of Employer					
Retired							Retired					
of dependent child of a loobyist:	Yes No	officer of a	ion is in excess of \$400 municipality does contri with said municipality va	ibutor or busine	ess he/she	associat		Yes No		Amo	unt of Co	ntribution
Is this contribution associated with an	Yes		tor a principal of state co	-	spective st	tate contr	actor?	Yes X No				
event reported in Section L1? If yes, list Event #	No No		cate which branch or bra t the contract is with:	nches of		Execu						
Method of Contribution							Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/De	bit Card	Payroll Deduction	on $\square$	Money O	order	10/16/2022	±100.00			+400.0	20

\$100.00

									1 42	50 11 01 3
		I. MONETARY RECEIPT	ΓS (Se	ction A	4-K)					
NAME OF COMMITTEE (Pro New Canaan Democratic To		Name as Registered with Filing Reposit				TYPE OF REPORT 7th Day Preceding Gener	ral Elect	ion - O	riginal	
New Canadi Democratic To	WII COMMITTEE	B. Itemized Contributions from	Individ	duals		<u> </u>				
		B. Itemized Contributions from	IIIGIVIC	auais						
Last Name Walker				First Na	ume					MI
Residential Street Address			City				State		Zip Coo	de
4 Mead St				New Ca	naan		СТ		06840	)
Principal Occupation				Na	me of Employer					
Retired					Retired					
or dependent entitle of a loopy ist:	Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more to the contract with	ness he/sh	e associat		Yes No		Amou	unt of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	ospective	Exec		Yes X No				
Method of Contribution					Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/De	ebit Card Payroll Deduction	Money	Order	10/16/2023	\$300.00			\$25.0	0
Last Name				First Na	ıme					MI
Meyer				Ali	icia					С
Residential Street Address			City				State		Zip Coo	
358 Lukes Wood Rd				New Ca			СТ		06840	)
Principal Occupation				Na	me of Employer					
Retired					Retired					
or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more	ness he/sh	e associat		Yes No		Amou	unt of Co	ntribution
Is this contribution associated with an	П"	Is contributor a principal of state contractor or pre-	ospective	state cont	ractor?	Yes X No	_			
event reported in Section L1? If yes, list Event #	Yes No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legisla					
Method of Contribution					Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/De	ebit Card Payroll Deduction	Money	Order	10/16/2023	\$250.00			\$250.0	)0
Last Name				First Na	ime					MI
Trudel				Ro	bert					
Residential Street Address			City				State		Zip Coo	
50 Mariomi Rd				New Ca			СТ		06840	)
Principal Occupation  Investment Analyst				Na	me of Employer Bridgewater As	ssociates				
Is contributor a lobbyist, spouse,		If contribution is in excess of \$400 to a candidate	committe	e for a ch	ief executive			Amor	unt of Co	ntribution
or dependent child of a lobbyist?	Yes No	officer of a municipality does contributor or busin a contract with said municipality valued at more			ed with have	Yes X No				
Is this contribution associated with an		Is contributor a principal of state contractor or pre	ospective	state cont	ractor?	Yes X No				
event reported in Section L1? If yes, list Event #	X No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legisla					
Method of Contribution					Date Received	Aggregate Contributions				
Cash Personal Check	Credit/De	ebit Card Payroll Deduction	Money	Order	10/16/2022	¢500.00			+500	20

\$500.00

\$500.00

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		I. MONETARY RECEIP	TS (Section	A-K)			
NAME OF COMMITTEE (Pr	ovida Completa	Name as Registered with Filing Repos	,		TYPE OF REPORT		
New Canaan Democratic To	•		sitory)		7th Day Preceding Gener	ral Election ·	- Original
		B. Itemized Contributions fron	ı Individuals		L		
Last Name			First N	ame			MI
Moore			Н	eather			
Residential Street Address			City			State	Zip Code
10 Snowberry Ln			New Ca			СТ	06849
Principal Occupation			N	ame of Employer			
domestic engineer				self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or but			Yes X No	Ar	mount of Contribution
	x No	a contract with said municipality valued at mor		ned with have			
Is this contribution associated with an	Yes	Is contributor a principal of state contractor or	prospective state con	tractor?	Yes X No		
event reported in Section L1?  If yes, list Event #	x No	If yes, indicate which branch or branches of government the contract is with:	Exec	cutive Legislat			
N. d. 1.00 7. d.		government the contract is with.				$\dashv$	
Method of Contribution	_		_	Date Received	Aggregate Contributions		
Cash Personal Check	X Credit/De	bit Card Payroll Deduction	Money Order	10/16/2023	\$625.00		\$500.00
Last Name			First N	ame			MI
Barry			К	imberly			
Residential Street Address			City			State	Zip Code
222 White Oak Shade			New Ca	anaan		СТ	06840
Principal Occupation			N	ame of Employer			
retired				retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or but			Yes X No	Ar	mount of Contribution
	x <sub>No</sub>	a contract with said municipality valued at mor		aca with have			
Is this contribution associated with an	□ No	Is contributor a principal of state contractor or	mananativa stata aan	tro at a r?			
event reported in Section L1?	Yes	If yes, indicate which branch or branches of	prospective state con	iractor?	Yes X No		
If yes, list Event #	x No	government the contract is with:	Exec	cutive Legislat	tive		
Method of Contribution				Date Received	Aggregate Contributions		
Cash Personal Check	X Credit/De	bit Card Payroll Deduction	Money Order				
Cash Fersonal Check	Credit/De	on Card Payron Deduction	_ Money Order	10/16/2023	\$500.00		\$500.00
Last Name			First N	ame			MI
Klimpl			Т	imothy			
Residential Street Address			City			State	Zip Code
109 Benedict Hill Rd			New Ca	anaan		СТ	06840
Principal Occupation			N	ame of Employer			
Attorney				Shipman & Goo	od LLP		
Is contributor a lobbyist, spouse,	Yes	If contribution is in excess of \$400 to a candida			Yes X No	Ar	mount of Contribution
or dependent child of a lobbyist?		officer of a municipality does contributor or bu a contract with said municipality valued at mor		neu wiin nave			
	x <sub>No</sub>			9			
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of state contractor or	prospective state con	tractor?	Yes X No		
If yes, list Event #	x No	If yes, indicate which branch or branches of government the contract is with:	Exec	cutive Legislat	tive		
Method of Contribution		<u> </u>		Date Received	Aggregate Contributions	$\dashv$	
	X Credit/De	bit Card Payroll Deduction	7 Marria 0.1				
Cash Personal Check	Credit/De	bit Card Payroll Deduction	Money Order	10/16/2022	1 +475.00		47F 00

\$475.00

\$75.00

	I. MONETARY RECEIPT	S (Sect	ion A-K)				
NAME OF COMMITTEE (Brayida Com	nplete Name as Registered with Filing Reposito	ì	,	TYPE OF REPORT			
New Canaan Democratic Town Com		ory)		7th Day Preceding Genera	al Election -	Original	
The Wednam Belliotratic Town Con-	B. Itemized Contributions from I	Individu	ıals				
	B. Itemized Contributions from I	inuividu	1415				
Last Name		F	First Name				MI
Cohen			Ann				
Residential Street Address		City			State	Zip Coo	de
21 Forest St		Ne	ew Canaan		CT	06840	)
Principal Occupation		•	Name of Employer				
retired			retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she a		Yes X No	Am	ount of Co	ntribution
X No							
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective stat	Executive Legisla	Yes X No			
Method of Contribution			Date Received	Aggregate Contributions			
Cash Personal Check X C							
Cash Personal Check X C	Payroll Deduction	Money Oro	10/16/2023	\$500.00		\$500.0	00
Last Name		F	First Name	•	-		MI
Ormand		1	Hilary				
Residential Street Address		City	,		State	Zip Coo	de
36 Brushy Ridge Rd		Ne	ew Canaan		CT	06840	)
Principal Occupation			Name of Employer				
unemployed			unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/she a		Yes X No	Am	ount of Co	ntribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro-	spective stat	te contractor?	Yes X No			
event reported in Section L1?  If yes, list Event #	Yes  If yes, indicate which branch or branches of No		Executive Legisla				
If yes, list Event #	government the contract is with:		Executive Legisia	uve			
Method of Contribution			Date Received	Aggregate Contributions			
Cash Personal Check X C	redit/Debit Card Payroll Deduction	Money Ord	der 10/16/2023	\$670.00		\$500.0	00
Last Name		F	First Name				MI
Dorfsman			Michael				
Residential Street Address		City			State	Zip Coo	de
172 Putnam Rd		Ne	ew Canaan		CT	06840	)
Principal Occupation			Name of Employer				
retired			n/a				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she a		Yes X No	Am	ount of Co	ntribution
Is this contribution associated with an	Yes Is contributor a principal of state contractor or pros	spective stat	te contractor?	Yes X No			
event reported in Section L1?  If yes, list Event #			Executive Legisla				
Method of Contribution	•		Date Received	Aggregate Contributions			
Cash Personal Check X C	redit/Debit Card Payroll Deduction	Money Oro	der 10/16/2022	4550.00		+450	

\$550.00

\$150.00

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	I. MONETARY RECEIPT	S (Section A	λ-K)			
NAME OF COMMITTEE (B. 11 C.		,		EVIDE OF DEDODT		
Name of Committee (Provide Comp	plete Name as Registered with Filing Reposite	ory)		TYPE OF REPORT 7th Day Preceding General	al Election -	Original
New Canaan Democratic Town Conn	B. Itemized Contributions from I	ndividuala				
	B. Itemized Contributions from I	nuiviuuais				
Last Name		First Nan	ne			MI
Sharma		Sar				1111
Residential Street Address		City			State	Zip Code
63 Devonwood Ln		New Can	naan		CT	06840
Principal Occupation		Nan	ne of Employer			•
homemaker			Self			
Homemaker						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or business.			Yes No	Am	ount of Contribution
x No	a contract with said municipality valued at more th		d with have			
Is this contribution associated with an	Is contributor a principal of state contractor or pro				_	
event reported in Section L1?	Yes If yes, indicate which branch or branches of	spective state contra	ictor?	Yes X No		
If yes, list Event #	No government the contract is with:	Execut	tive Legislative	e		
Method of Contribution	· · ·		Date Received	Aggregate Contributions		
Cash Personal Check X Cree	edit/Debit Card Payroll Deduction					
Cash Personal Check X Cre	edit/Debit Card Payroll Deduction	Money Order	10/16/2023	\$250.00		\$250.00
Last Name		First Nan	me	•	•	MI
McGloin			rick			IVII
Residential Street Address		City			State	Zip Code
75 Westland Ave		West Ha	rtford		CT	06107
Principal Occupation		Nan	ne of Employer			
President			Westland PR			
Fresident	·		Westialia FK			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or business.			Yes No	Am	ount of Contribution
x No	a contract with said municipality valued at more th		d with have			
Is this contribution associated with an	Is contributor a principal of state contractor or pro				_	
event reported in Section L1?	Yes If yes, indicate which branch or branches of	spective state contra	L L	Yes X No		
If yes, list Event #	No government the contract is with:	Execut	tive Legislative	e		
Method of Contribution	· ·		Date Received	Aggregate Contributions		
Cash Personal Check X Cre	edit/Debit Card Payroll Deduction					
Cash Personal Check Cre	edit/Debit Card Payroll Deduction	Money Order	10/16/2023	\$50.00		\$50.00
Last Name		First Nan	ne			MI
Longobardo		Alic				
Residential Street Address		City			State	Zip Code
831 Oenoke Rdg		New Can	naan		CT	06840
Principal Occupation		Nan	ne of Employer			
Retired			Retired			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes No	Am	ount of Contribution
or dependent child of a loopyist:	officer of a municipality does contributor or busing a contract with said municipality valued at more th		d with have			
x <sub>No</sub>	a contact man said manorpanty valued at more in	40000:				
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of state contractor or pro	spective state contra	actor?	Yes X No		
-	No If yes, indicate which branch or branches of government the contract is with:	Execut	tive Legislative	e		
Method of Contribution	15	ı	Date Received	Aggregate Contributions	$\dashv$	
			Dute Received	a aggregate Continutions		
Cash Personal Check X Cre	edit/Debit Card Payroll Deduction	Money Order	10/17/2022	#100.00		±100 00

10/17/2023

\$100.00

	I. MONETARY RECEIPTS	S (Se	ction .	A-K)				
NAME OF COMMITTEE (Provide Comm		Ì		,	TYPE OF REPORT			
New Canaan Democratic Town Comm	plete Name as Registered with Filing Reposito	ну)			7th Day Preceding Gener	ral Electic	n - Original	
Tew Canada Bemoerate Town Comm	B. Itemized Contributions from I	ndivid	luale					
	B. Itemized Contributions from I	iiuivic	iuais					
Last Name			First Na	ame				МІ
Green				ane				
Residential Street Address		City				State	Zip C	Code
46 Betsy S la		ı	New Ca	naan		СТ	068	40
Principal Occupation			Na	me of Employer				
Retired				Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No		Amount of C	Contribution
event reported in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Exec		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check X Cre	edit/Debit Card Payroll Deduction	Money (	Order	10/17/2023	\$100.00		\$100	0.00
Last Name			First Na	nma .				MI
Bundy				nerylbundy@me.o	com			L
Residential Street Address		City		iory is directly defined.		State	Zip (	
442 Cedar Ln		'	New Ca	naan		СТ	068	40
Principal Occupation			Na	me of Employer				
Director				Silver Hill Hosp	ital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No		Amount of C	Contribution
event reported in Section L1?	Yes Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Exec		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check X Cre	edit/Debit Card Payroll Deduction	Money (	Order	10/17/2023	\$50.00		\$50	.00
Last Name			First Na	ame				MI
Van der voort				ara				
Residential Street Address		City				State	Zip C	Code
439 Cheese Spring Rd		ı	New Ca	naan		СТ	068	40
Principal Occupation			Na	me of Employer				
Retired				Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No		Amount of C	Contribution
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective s	state cont	ractor?	Yes X No	$\neg$		
event reported in Section L1?	If yes, indicate which branch or branches of government the contract is with:	_ [	Exec	utive Legislat				
Method of Contribution				Date Received	Aggregate Contributions	$\neg$		
Cash Personal Check X Cre	edit/Debit Card Payroll Deduction	Money (	Order	10/20/2022	4175.00		+400	

10/20/2023

\$175.00

											1 42	,c 10 01 3
		I. M	ONETARY	Y RECEI	PTS (Sec	ction A	A-K)					
NAME OF COMMITTEE (Provide	Complete 1							TYPE OF REPORT				
New Canaan Democratic Town	Committe	e						7th Day Preceding Gene	ral Elect	ion - O	riginal	
		B. Itemiz	zed Contrib	outions fro	m Individ	luals						
Last Name						First Na						MI
Residential Street Address					City	Sr	narf		State		Zip Coo	le .
66 Mariomi Rd						New Ca	naan		CT		06840	
Principal Occupation							me of Employer		1			
Restaurant business							Bang					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		officer of a n	on is in excess of nunicipality does ith said municipal	contributor or l	business he/sh	e associat		Yes No		Amou	unt of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes X No	If yes, indica	or a principal of st ate which branch of the contract is wi	or branches of	or prospective s	Exec		Yes X No				
Method of Contribution							Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/Del	bit Card	Payroll De	eduction	Money 0	Order	10/23/2023	\$150.00			\$150.0	00
Last Name						First Na	ime					MI
Connolly						Je	ssica					
Residential Street Address					City				State		Zip Coo	le
460 Lakeview Rd .					F	Pasader			CA		91105	5
Principal Occupation						Na	me of Employer					
Marketing consultant							self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	officer of a n	on is in excess of nunicipality does ith said municipal	contributor or l	business he/sh	e associat		Yes X No		Amou	ant of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	If yes, indica	or a principal of st ate which branch the contract is wi	or branches of	or prospective s	State control		Yes X No				
Method of Contribution							Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/Del	bit Card	Payroll De	eduction	Money 0	Order	10/23/2023	\$2,000.00		S	\$2,000.	00
Last Name						First Na	ıme					MI
Nussbaum						La	uren					
Residential Street Address					City				State		Zip Coo	ie
65 Whiffle Tree Ln .					1	New Ca	naan		СТ		06840	)
Principal Occupation						Na	me of Employer					
homemaker							unemployed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	officer of a n	on is in excess of nunicipality does ith said municipal	contributor or l	business he/sh	e associat		Yes X No		Amou	unt of Co	ntribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	If yes, indica	or a principal of st ate which branch the contract is wi	or branches of	or prospective s	Exec		Yes X No				
Method of Contribution							Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/Del	bit Card	Payroll De	eduction	Money 0	Order	10/22/2022	#1 400.00		_		00

10/23/2023

\$1,490.00

\$1,165.00

							Page 1 / 01 3		
	I. MONETAI	RY RECEIPT	S (Section A	<b>\-K</b> )					
NAME OF COMMITTEE (Provide Complete Nam	ne as Registered wi	th Filing Reposito	orv)		TYPE OF REPORT				
New Canaan Democratic Town Committee	ne us registered wi	ui i iiiig iteposite	,,,		7th Day Preceding Gen	eral Election -	Original		
В	. Itemized Contr	ibutions from I	ndividuals		-				
Last Name			First Na	me			MI		
Connolly				egory					
Residential Street Address			City			State	Zip Code		
6 S Cottage Rd			Belmont Nan		MA	02478			
Principal Occupation									
retired				retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?									
event reported in Section L1?  Yes  If you list From ##	contributor a principal of state contractor or prospective state contractor?  Yes, indicate which branch or branches of overnment the contract is with:  Executive Legislative								
Method of Contribution				Date Received	Aggregate Contribution	s			
Cash X Personal Check Credit/Debit C	ard Payroll	Deduction	Money Order	40/22/2022	+250.00		+250.00		
				10/23/2023	\$250.00		\$250.00		
					Total of Sect	ion B	\$15,790.00		
TOTAL OF ALL CONTRIBUTIONS FROM I	NDIVIDUALS	(Section	ns A & B)	(Total on Line	e 13 of Summary Page)		\$15,830.00		
	I. MONETAR	V RECEIPTS	S (Section A	-K)					
NAME OF COMMITTEE (D. 11 C. 14 M.				IX)	TWDE OF DEDOR	т			
NAME OF COMMITTEE (Provide Complete Name New Canaan Democratic Town Committee	as Registered with	Filing Repository	()		TYPE OF REPOR 7th Day Preceding Ge		ı - Original		
New Canada Democratic Town Committee					, ,				
C1.	Contributions f	rom Other Con	nmittees						
Name of Committee				Name of Treas	urer				
Address		Is this contribution as		,	Yes No				
		event reported in Sec	tion L1?		Yes No	Amount of	Contribution		
		If yes, list Eve	ent #						
City	State	Zip Code	Date Received	Aggr	egate Contributions				
		l	1	ı		1			

Total of Section C1

Total of Section D

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE						TY.	PE OF REPORT			
New Canaan Democratic Town C	ommittee					7th	Day Preceding Gene	ral Election - Original		
	C2. Reimbursemen	ts or Surplu	s Distri	butions fr	om other Committe	es				
Name of Committee					Name of Treasurer					
Address					Date Received			Amount of Receipt		
			Ι							
City	State Zip Code Payment Type Reimbursement for shared exp									
	Surplus Distribution									
xpenditure # (if applicable) Description										
						To	otal of Section C2			
	I. MON	ETARY R	ECEIP	TS (Sect	ion A-K)					
NAME OF COMMITTEE (Provide O	Complete Name as Regis	stered with Fi	ling Repo	ository)		TYPE OI	F REPORT			
New Canaan Democratic Town C	Committee					7th Day Pr	receding General Ele	ction - Original		
	D. Loa	ns Received	this Pe	riod	·					
Name of Lender				Source of Lo	oan:			Date of Receipt		
				Bank	Candidate	Individual	Other			
Street Address			City			State	Zip Code	Is there a cosigner or Guarantor of this loan?		
						Yes No				
Name of Cosigner/Guarantor (if applicable)						_		Amount Received		
Street Address			City			State	Zip Code			

		I. M	ONETAR	RY RECEIPTS (Section A-1	<b>K</b> )				
NAME OF COMMITTE	EE				T	YPE OF REPORT			
New Canaan Democr	ratic Town Com	nittee			7th Day Preceding General Election - Original				
E. F	Receipts from E	ntities other t	han Indiv	iduals or Other Committees (	Referendum	Committees ON	LY)		
Name of Entity									
Street Address					Date Receiv	ed		Amount Received	
City	State Zip Code Ag				Aggregate (	Contributions			
Tota							ection E		
		I. M	ONETAI	RY RECEIPTS (Section A-	К)				
NAME OF COMMITT	EE (Provide Com	plete Name as I	Registered w	vith Filing Repository)		TYPE OF R	EPORT		
New Canaan Democr	ratic Town Com	mittee				7th Day Precedir	g Genera	Election - Original	
	F. Amount	Transferred	from Affil	iated Business Treasury (Busi	ness Entity (	Committees ONL	.Y)		
Date of Receipt	Is this transaction as reported in Section		ent	Yes No If yes, list E	vent#		Amount	:	
	•					Total of Section F			
		<b>I.</b> ]	MONETA	ARY RECEIPTS (Section A	<b>A-K</b> )				
NAME OF COMMITTI	EE					TYPE O	F REPOI	RT	
New Canaan Democr	atic Town Com	mittee				7th Day Preced	ding Gene	ral Election - Original	
G. Amount Transfo	erred from Affil	iated Labor l	Union or C	Other Organization Treasury (	Organization	Committees O	VLY)		
Date of Receipt		Amount							
						Total of Section	G		

	I. MON	ETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE					TYPE OF	REPOR	Т
New Canaan Democratic T	Cown Committee				7th Day Preced	ding Gene	eral Election - Original
H. Personal	Funds of the Candidate Ro	eceived this Period (Candidate Commi	ittees C	NLY)			
Date of Receipt	Method of Payment	(					Amount
	Cash	Personal Check Credit/	Debit Car	d			
				Tot	al of Section H	I	
	I. Mo	onetary Receipts (Section A-K)					
NAME OF COMMITTEE (P.	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						Т
New Canaan Democratic Town Committee					th Day Precedir	ng Genera	al Election - Original
	J. Interest fro	m Deposits in Authorized Accounts					
Name of Institution	Name of Institution Date Re						Amount
Street Address		City	Stat	te	Zip Code		
					Total of Sec	ction J	
	I. M	ONETARY RECEIPTS (Section A	<b>A-K)</b>				
NAME OF COMMITTEE					TYPI	E OF RI	EPORT
New Canaan Democratic T	Town Committee				7th Day Pr Original	receding	General Election -
	K. Miscellan	eous Monetary Receipts not Considere	ed Con	tributions	S		
Name				Date of Trans	saction		Amount
New Canaan Society for the	New Canaan Society for the Arts 10/05,				23		Received
Street Address		City		State	Zip Code		
681 South Ave		New Canaan		СТ	06840		
Description Refund of deposit for rental							\$425.00
					Total of Se	ction K	\$425.00

		II. EVENT	ACTIVITY (Section	ons L1 - 1	L5)						
NAME OF COMMITTEE	(Provide	e Complete Name as Re	egistered with Filing Repo	ository)			TYPE OF R	EPORT			
New Canaan Democrati	ic Town	Committee					7th Day Prece	eding Genera	I Election	on - Original	
			L1. Event In	formatio	n						
Event # Letter	r	Description						Was this	s a fundr	aising event?	
									Yes	No	
Location: Street Address					Cit	у		State		Zip Code	
Subpart 1: (All Committees)				Yes		es, go to Section L5 In-					
Was this event hosted at a person	al residence	e?		No	Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)						
Did this fundraiser include goods			f	Yes		es, go to Section L4 In-			ed		
up to \$200 or items donated by an	i individual	of up to \$100?		No	Contributions and complete required information.)						
Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to \$100?  Yes						es, enter Total Receipt	s here.)				
			No								
Subpart 2: (Party Committees, M	Iunicipal Co	andidates and Political Commi	ittees other than Exploratory Con	nmittees)							
Were there purchases of advertising	ng space in	a program book or on a sign as	ssociated	Yes		es, go to Section L3 Pu			e in a Pr	ogram	
with this fundraiser?				No							
Subpart 3: (Town Committees ON Did your committee sell food or b		a fair ar similar mass gatharing	x hold	Yes	(If yes, enter Total Receipts here.)						
within the state with this fundraise	_	a tan of similar mass gamering	g neid	No							
						То	tal of Section	L1			
		II.	EVENT ACTIVIT	Y (Section	ons L	L1 - L5)					
NAME OF COMMITTEE	E (Provid	le Complete Name as Re	egistered with Filing Rep	ository)			ТҮРЕ	OF REPO	RT		
New Canaan Democrat	ic Town	n Committee					7th Day Prece	eding Genera	I Election	on - Original	
L3. Purchases of	Adverti	sing in a Program B	ook or on a Sign								
Name of Purchaser							Purchase Made	By:			
							Busines			Other	
Street Address						City	Individ	ual/Sole Propi		<u> </u>	
					City			State	Zip Code		
Date Received	Event	#	Aggregate Purchases for All E	events	Amou	unt of Program Ad Purchase		Amount of S	Sign Puro	chase	
	I		<u> </u>				l				
							Total of S	ection L3			

	II. EVE	ENT ACTIVITY (Section	ons L1	1 - L5)						
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Filing Repositor	ry)			TYPE OF REP	OR	Т		
New Canaan Democratic Town (	Committee					7th Day Preceding	Gene	eral Elec	tion - Original	
	L4. In-Kind Dona	tions Not Considered Co	ntribu	tions						
Name of the Donor										
Street Address				City				State	Zip Code	
Donation Given by:  Description of Donation									Market Value of Donation	
Business Entity	D. D. i. I	F			1 6	d:				
Individual  Sole Proprietorship	Date Received	Event #		1	Aggregate value fo	or this event				
Total of Section L4										
	II	EVENT ACTIVITY (	Sectio	ons L1 - L5	)					
NAME OF COMMITTEE (Provide	e Complete Name as Re	gistered with Filing Reposito	ory)			TYPE OF RI	EPO	RT		
New Canaan Democratic Town	Committee					7th Day Preceding	Gene	eral Elec	tion - Original	
L5. In-k	Kind Donations Not C	Considered Contributions	s Assoc	ciated with a	House Part	ty				
Name of the Host					Is this event su	apporting more than one	candi	idate or co	ommittee?	
					Yes	No Adde		-	mization in	
Street Address				Citv	•			State	Zip Code	
							<u> </u>			
Description of Donation									arket Value of Oonation	
Event #	Aggregate value of this E	vent - all hosts		Aggregate	value of all Event	s - this host/candidate				
						Total of Section L5				

1	II. NO	ONMONETA	RY	RECEIPTS (Section	s M -	<b>O</b> )				
NAME OF COMMITTEE (Provide Complet	e Name	e as Registered wi	ith F	iling Repository)				ТҮРЕ	OF REPO	ORT
New Canaan Democratic Town Commit	tee							h Day Prece	eding Gener	ral Election -
		M. In-Kind	l Co	ontributions						
Name										
Street Address				City			T			7: C-1-
Street Address			_		_			State		Zip Code
Type of Contributor: Committee  Individual / Sole Proprietorship Other								on		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000?										Market Value of this Contribution
avent reported in Section I 12	ported in Section L1?  No  If yes, indicate which branch or branches of government the contract is with:  Executive Legisla						egislative	Yes No		
						To	otal of Se	ection M		
	II	I. Non Monet	ary	Receipts (Sections M	I - O)					
NAME OF COMMITTEE							TYPE (	OF REPOR	RT	
New Canaan Democratic Town Committ	tee						7th Day	Preceding G	General Elec	ction - Original
N	l. Refu	ndable Deposit	to '	Telephone Company						
Last Name of Individual				First Name			MI	Dat	e Deposit Ma	ade
Residential Street Address			Cit	ty		State	Zip Co	de		Amount of Deposit
Name of Telephone company										
Street Address			City			State	Zip C	ode		
		<u>'</u>					Total	of Section N	N	

		IV. EXPENDITURES	S (Sections P - T)							
NAME OF CO	) MMITTE	E (Provide Complete Name as Registered with Filin			TYPE OF RE	REPORT				
New Canaan	Democra	tic Town Committee			7th Day Precedin	g Genera	l Election - C	Original		
		P. Expenses	Paid By Committee							
Name of Payee Anedot				Date of Payment 10/04/2023		Method X	of Payment Check # Debit Card		EFT	
Street Address 5555 Hilton Ave	e # 106		City Baton Rouge			State LA		Zip Code 70808		
Purpose of Expenditure (by cod	dal	cription tform fees				•			Event #	
Expenditure # (if applicable)  Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization  A D B C D									\$12.30	
Name of Payee New Way Strategies Date of Payment 10/10/2023 Method of x									EFT	
Street Address 47 Avonwood Ro	d.		City Avon			State CT		Zip Code		
Purpose of Expenditure (by cod	da)	cription				1			Event #	
Expenditure # (if applicable)	X None Coord	Expenditure ( Itemization in Addendum P Required unless "None of the below inated with reimbursement sought (joint expenditure) inated without reimbursement sought (in-kind contribution)	Independent Organization	АВ	□с □ □		A	mount	\$255.94	
Name of Payee Rita Bettino				Date of Payment 10/10/2023		Method X	of Payment Check # Debit Card	1264	EFT	
Street Address 94 Field Crest Ro	Rd .		City New Canaan			State CT		Zip Code 06840		
Purpose of Expenditure (by cod	1.5	cription ts for BBQ						091020	Event #	
Expenditure # (if applicable)	X None Coord	Expenditure ( Itemization in Addendum P Required unless "None of the below inated with reimbursement sought (joint expenditure) inated without reimbursement sought (in-kind contribution)	Independent	АВ	□c □p		A	mount	\$328.41	

IV. EXPENDITURES (Sections P - T)									
NAME OF CO	MMI	TTEE (Provide Complete Name as Registered with Filir			TYPE OF RI	EPORT			
New Canaan	Dem	ocratic Town Committee			7th Day Precedin	g General I	Election - C	Original	
		P. Expenses	Paid By Committee						
Name of Payee Postmaster New	w Car	naan		Date of Payment 10/10/2023		Х	f Payment Check # Debit Card	1285	EFT
Street Address 18 Locust Ave			City New Canaan			State CT		Zip Code 06840	
Purpose of Expenditure (by cod	de)	Description postcard mailer				•			Event #
Expenditure # (if applicable)	x	pe of Expenditure ( Itemization in Addendum P Required unless "None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	f the below" is checked)  Independent Organization	AB	□c □ D		A	smount \$1	.,725.23
Name of Payee Anedot				Date of Payment 10/11/2023			f Payment Check # Debit Card		EFT
Street Address 5555 Hilton Ave	# 10	6	City Baton Rouge			State LA		Zip Code 70808	
Purpose of Expenditure (by cod	de)	Description platform fees				•			Event #
Expenditure # (if applicable)	x	pe of Expenditure (Itemization in Addendum P Required unless "None of None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	Independent Organization	АВ	□с □р		A	amount	\$139.10
Name of Payee Alice/John Revo	ocabl	e Trust		Date of Payment 10/13/2023			-	1500	EFT
Street Address 93 Cherry St			City New Canaan			State CT		Zip Code 06840	
Purpose of Expenditure (by cod	de)	Description Rent for HQ							Event #
Expenditure # (if applicable)	X	pe of Expenditure ( Itemization in Addendum P Required unless "None of None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	Independent	АВ	□c □p		A	smount \$1	,500.00

IV. EXPENDITURES (Sections P - T)									
NAME OF CO	ИМІТТЕЕ (Provide Con	plete Name as Registered with Filin	ng Repository)		TYPE OF RI	EPORT			
New Canaan I	Democratic Town Com	mittee			7th Day Precedin	g General	Election - C	Original	
		P. Expenses	Paid By Committee						
Name of Payee Alice/John Revo	cable Trust		City	Date of Payment 10/13/2023		X	f Payment Check # Debit Card	1267 Zip Code	EFT
93 Cherry St			New Canaan			СТ		06840	
Purpose of Expenditure (by cod	Description Security for HQ					•			Event #
Expenditure # (if applicable)	X None of the below  Coordinated with reimbur	ation in Addendum P Required unless "None of sement sought (joint expenditure) oursement sought (in-kind contribution)	of the below" is checked)  Independent Organization	AB	□с □р		A	smount \$1	,500.00
Name of Payee Facebook				Date of Payment 10/16/2023			f Payment Check # Debit Card		EFT
Street Address PO Box 10005			City Palo Alto			State CA		Zip Code 94303	
Purpose of Expenditure (by cod	Description facebook ads					•			Event #
Expenditure # (if applicable)	X None of the below  Coordinated with reimbur	ation in Addendum P Required unless "None of sement sought (joint expenditure) bursement sought (in-kind contribution)	of the below" is checked)  Independent  Organization	АВ	□с □ р		A	amount	\$41.00
Name of Payee Facebook				Date of Payment 10/16/2023			f Payment Check # Debit Card		EFT
Street Address PO Box 10005			City Palo Alto			State CA		Zip Code 94303	
Purpose of Expenditure (by cod A-WEB	Description facebook ads								Event #
Expenditure # (if applicable)	X None of the below  Coordinated with reimbur	ation in Addendum P Required unless "None of sement sought (joint expenditure) pursement sought (in-kind contribution)	of the below" is checked)  Independent Organization	_а □в	□с □р		A	umount	\$41.00

	IV. EXPENDITURES	S (Sections P - T)						
NAME OF CO	MMITTEE (Provide Complete Name as Registered with Filir	ng Repository)		TYPE OF RE	EPORT			
New Canaan I	Democratic Town Committee			7th Day Preceding	g General	Election - C	riginal	
	P. Expenses	Paid By Committee						
Name of Payee zoom usa			Date of Payment 10/16/2023		Method o	of Payment Check # Debit Card	Г	EFT
Street Address 55 Almaden Blvc	1	City San Jose			State CA		Zip Co	ode
Purpose of Expenditure (by cod	Description zoom for meetings							Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	of the below" is checked)  Independent Organization	AB	□с □р		A	mount	\$17.01
Name of Payee Facebook			Date of Payment 10/16/2023		Method o	of Payment Check # Debit Card		EFT
Street Address PO Box 10005		City Palo Alto			State CA		Zip Co	
Purpose of Expenditure (by cod	Description facebook ads							Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	Independent	ДА □В	□с □р		A	mount	\$41.00
Name of Payee Facebook			Date of Payment 10/16/2023		Method o	of Payment Check # Debit Card		EFT
Street Address PO Box 10005		City Palo Alto			State CA		Zip Co	
Purpose of Expenditure (by cod	Description facebook ads				•			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	of the below" is checked)  Independent Organization	ДА В	□с □р		A	mount	\$50.00

IV. EXPENDITURES (Sections P - T)										
NAME OF CO	MMITTEE (Provide Complete Name as Regi	stered with Filir	ng Repository)		TYPE OF RE	EPORT				
New Canaan	Democratic Town Committee				7th Day Precedin	g General	Election - C	Original		
		P. Expenses	Paid By Committee	_						
Name of Payee Alphagraphics				Date of Payment 10/18/2023		Method o	of Payment Check # Debit Card		EFT	
Street Address 16 Dyke Ln			City Stamford			State CT		Zip Code 06902		
Purpose of Expenditure (by cod	Description election signs					1			Event #	
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Req  X None of the below  Coordinated with reimbursement sought (joint exper	nditure)	of the below" is checked)  Independent Organization	АВ	□с □р		A	mount \$1	,944.13	
Name of Payee Susan Edmand	s			Date of Payment 10/18/2023		Method o	of Payment Check # Debit Card	1268	EFT	
Street Address 4 Mead St			City New Canaan			State CT		Zip Code 06840		
Purpose of Expenditure (by coo	Description postage reimbursement								Event #	
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Req  X None of the below  Coordinated with reimbursement sought (joint exper	nditure)	of the below" is checked)  Independent  Organization	<b>∏</b> а	□с □р		A	mount	\$63.79	
Name of Payee Anedot				Date of Payment 10/18/2023		Method o	of Payment Check # Debit Card		EFT	
Street Address 5555 Hilton Ave	# 106		City Baton Rouge			State LA		Zip Code 70808		
Purpose of Expenditure (by coo	Description Platform fees								Event #	
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Req  X None of the below  Coordinated with reimbursement sought (joint exper	nditure)	Independent	_а □в	□с □р		A	mount	\$103.40	

	IV. EXPENDITURES	S (Sections P - T)						
NAME OF COM	MMITTEE (Provide Complete Name as Registered with Filin	ng Repository)		TYPE OF RE	EPORT			
New Canaan D	Democratic Town Committee			7th Day Preceding	g General	Election - C	riginal	
	P. Expenses	Paid By Committee						
Name of Payee Facebook			Date of Payment 10/20/2023		Method o	of Payment Check # Debit Card		EFT
Street Address PO Box 10005		City Palo Alto			State		Zip Cod 94303	
Purpose of Expenditure (by code	Description facebook ads							Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	of the below" is checked)  Independent Organization	AВ	□с □р		А	mount	\$75.00
Name of Payee Minuteman Pres	s		Date of Payment 10/20/2023		Method o	of Payment Check # Debit Card		EFT
Street Address 167 Main St		City Norwalk			State CT		Zip Cod 06851	
Purpose of Expenditure (by code	Description postcards							Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	Independent	AB	□с □ п		A	mount	\$424.34
Name of Payee Amazon			Date of Payment 10/23/2023		Method o	of Payment Check # Debit Card		EFT
Street Address 410 Terry Ave .		City Seattle			State WA		Zip Cod 98109	
Purpose of Expenditure (by code	Description Replacement spoons						09102	Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	of the below" is checked)  Independent Organization	А В	□с □р		A	mount	\$28.92

IV. EXPENDITURES (Sections P - T)								
NAME OF CO	MMITTEE (Provide Complete Name as Registered with Fi	ling Repository)		TYPE OF RI	EPORT			
New Canaan l	Democratic Town Committee			7th Day Precedin	g General E	Election - C	riginal	
	P. Expense	s Paid By Committee						
Name of Payee Facebook		La	Date of Payment 10/23/2023		X	Payment Check # Debit Card		EFT
Street Address PO Box 10005		City Palo Alto			State CA		Zip Code 94303	
Purpose of Expenditure (by cod	Description Facebook ads				•	•		Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "Non  X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	e of the below" is checked)  Independent Organization	АВ	□c □ D		A	mount	\$75.00
Name of Payee Postmaster New Canaan Date of Payment 10/23/2023 Method of Payment 10/23/2023 Method of Payment 10/23/2023 Det							1269	EFT
Street Address 18 Locust Ave		City New Canaan			State CT		Zip Code 06840	
Purpose of Expenditure (by cod	Description for postcards				•			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "Non X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	e of the below" is checked)  Independent Organization	АВ	С Д		A	mount	\$510.00
Name of Payee Susan Edmand	s		Date of Payment 10/23/2023			Payment Check # Debit Card	1270	EFT
Street Address 4 Mead St		City New Canaan			State CT		Zip Code 06840	
Purpose of Expenditure (by cod	Description postage							Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "Non  X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	e of the below" is checked)  Independent  Organization	А □_В	□с□р		A	mount	\$179.22

IV. EXPENDITURES (Sections P - T)										
NAME OF CO	MMI	TTEE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF RE	EPORT				
New Canaan	Dem	ocratic Town Committee			7th Day Precedin	g Genera	Election - C	riginal		
		P. Expenses 1	Paid By Committee							
Name of Payee Facebook				Date of Payment 10/25/2023		Method X	of Payment Check # Debit Card		EFT	
Street Address PO Box 10005			City Palo Alto			State CA		Zip Code 94303		
Purpose of Expenditure (by coo	de)	Description facebook ads				•			Event #	
Expenditure # (if applicable)	اــــا	/pe of Expenditure (Itemization in Addendum P Required unless "None of None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	f the below" is checked)  Independent Organization	АВ	□с □р		A	mount	\$125.00	
Name of Payee  Anedot				Date of Payment 10/25/2023		Method X	of Payment Check # Debit Card		EFT	
Street Address 5555 Hilton Ave	# 10	06	City Baton Rouge			State LA		Zip Code 70808		
Purpose of Expenditure (by coo	de)	Description Platform fees				•			Event #	
Expenditure # (if applicable)		ype of Expenditure (Itemization in Addendum P Required unless "None of None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	f the below" is checked)  Independent Organization	_а □в	□c □d		A	mount	\$133.50	
Name of Payee Google				Date of Payment 10/26/2023		Method X	of Payment Check # Debit Card		EFT	
Street Address 1600 Amphithea	atre F	kwy	City Mountain View			State CA		Zip Code 94043		
Purpose of Expenditure (by coo	de)	Description test for google ads				•			Event #	
Expenditure # (if applicable)	اــــا	/pe of Expenditure (Itemization in Addendum P Required unless "None of None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	Independent	_а □в	□с □р		A	mount	\$10.00	

IV. EXPENDITURES (Sections P - T)									
NAME OF CO	MMITTEE (Provide Complete Name as Registered with I	Filing Repository)		TYPE OF RI	REPORT				
New Canaan	Democratic Town Committee			7th Day Precedin	g General E	Election - C	Original		
	P. Expens	es Paid By Committee	,						
Name of Payee Rosies			Date of Payment 10/26/2023			-	1271	EFT	
Street Address 27 Elm St		City New Canaan			State CT		Zip Code 06840		
Purpose of Expenditure (by cod	Description Town event				•			Event #	
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "No X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	one of the below" is checked)  Independent Organization	AB	□с □р		А	mount :	\$300.00	
Name of Payee Google			Date of Payment 10/26/2023			Payment Check # Debit Card		EFT	
Street Address 1600 Amphithea	itre Pkwy	City Mountain View	•		State CA		Zip Code 94043		
Purpose of Expenditure (by cod	Description google ads				•			Event #	
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "No X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	one of the below" is checked)  Independent  Organization	□а □в	□c □b		A	mount	\$50.00	
Name of Payee Facebook			Date of Payment 10/27/2023			Payment Check # Debit Card		EFT	
Street Address PO Box 10005		City Palo Alto			State CA		Zip Code 94303		
Purpose of Expenditure (by cod	Description facebook ads							Event #	
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "Note of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	one of the below" is checked)  Independent  Organization	□а □в	□с□р		A	mount	\$175.36	

	IV. EX	PENDITURES	S (Sections P - T)							
NAME OF COM	MITTEE (Provide Complete Name as F	Legistered with Filin	ng Repository)		TYP	E OF REP	ORT			
New Canaan D	emocratic Town Committee				7th Day	Preceding G	Seneral Elec	tion - C	Original	
		P. Expenses	Paid By Committee							
Name of Payee  Day Campaign				Date of Payment 10/29/2023		N	Chec	d of Payment  Check #  Debit Card  EFT		
Street Address 112 Bloomfield Av	е		City Windsor			S	State CT	Zip Code 06095		
Purpose of Expenditure (by code) BNK	Description  Credit Card/Banking Transaction (	ees				ľ				Event #
Expenditure # (if applicable)  Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  X None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization  A B C D								Α	amount :	\$206.20
					Total of S	Section P			\$10	,054.85
	IV	, EXPENDITU	RES (Sections P -	T)						
NAME OF COM	MITTEE (Provide Complete Name as Ro	egistered with Filin	g Repository)			TYPE	OF REPO	RT		
						7th Day Pred	ceding Gene	eral Ele	ction - Orig	inal
	Q. Cam	paign Expenses l	Paid By Candidate							
Name of Payee (Name of	f vendor, Person or Entity who candidate paid direct	ly)		Date	of Payment		Is Reimbu	rsemen	t Claimed?	No
Street Address		City		,			State	2	Zip Code	
Purpose of Expenditure (by code)	Description			Even	#				Amount	
					Total	of Section Q	2			

	IV. EXPENDITUR	ES				
NAME OF COM	MITTEE (Provide Complete Name as Registered with Filing F	Repository)	TYPE OF RI	EPORT		
New Canaan D	emocratic Town Committee		7th Day Preceding	General Election	n - Original	
	R. Expenses Incurred on Con	nmittee Credit Card				
Name of Issuing Institu	tion	Type of Credit Card:  Visa Master Card	d Discover	American Express		
Name of Vendor, Person	n or Entity	Other		Date of Transac	ction	
Street Address		City		State	Zip Code	
Purpose of Expenditur (by code)	Description				Event#	
Expenditure # (if applicable)		Amount				
	Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	Independent  Organization A	B C D			
			Total of Section R			
	IV. EXPENDITU	RES				
NAME OF COM	MITTEE (Provide Complete Name as Registered with Filing F	Repository)	TYPE OF RI	EPORT		
New Canaan D	emocratic Town Committee		7th Day Preced	ding General Ele	ection - Original	
	S. Expenses Incurred By Committee	but Not Paid During this Per	riod			
Name of Creditor				Date Incurred		
Street Address		City		State	Zip Code	
Purpose of Expenditur (by code)	Te Description	•	•		Event #	
Expenditure# (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of t	he below" is checked)			nt Incurred te or Actual)	
	None of the below  Coordinated with reimbursement sought (joint expenditure)	Indopendent				
	Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution	Independent  Organization: A	B C D			
	1	Т	otal of Section S			

IV. EXPENDITURES (Sections P - T)										
NAME OF COMMIT	TEE (Provide Complete Name as Registered with	Filing Repository	r)			ТҮРЕ	E OF R	EPORT		
New Canaan Democ	eratic Town Committee					7th Da	ay Prece	ding Gene	ral Election	- Original
T. Itemization of Reimbursements and Secondary Payees										
Last Name of Worker/Consul	tant	First			MI		Date of F	ayment to	Vendor, Perso	on or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant  Payment to Reimburse Committee Worker/Consultant as reported in Section P										
Check					Check #	:			Debit Card	EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant  City								State	Zip Code	
Purpose of Expenditure (by code)	Description								1	Event #
Expenditure #	Type of Expenditure ( Itemization in Addendem T Required ur	aless "None of the belo	ow" is cl	hecked)						Amount
	None of the below									
	Coordinated with reimbursement sought (joint expenditur			Independent Organization:	A	В	С	D		
	Coordinated without reimbursement sought (in-kind contr	ioution)		Organization.	A		tal of Se		<u> </u>	
						100	tai oi se	ction 1		
	Section L5. ADD	ENDUM								
NAME OF COMMIT	ГЕЕ						TY	PE OF F	EPORT	
L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum										
Event #										
Name of Candidate or Comm	Name of Candidate or Committee									

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Section P. A	ADDEND	UM		
NAME OF COMMITTEE			TYPE OF I	REPORT
P. Expenses Pa	aid By Con	nmittee - Addendum		
Expenditure #	Supp	ported Opposed		Amount of Expenditure
Name of Candidate or Committee		Cost Allocated to Candidate or Committee		
Section R. A	ADDEND	UM		
NAME OF COMMITTEE			TYPE OF	REPORT
R. Expenses Incur	rred on Co	mmittee Credit Card - Addendu	m	
Expenditure #	Supj	ported Opposed		Amount of Expenditure
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee
Section S. A	DDENDU	IJ <b>M</b>	,	

Section S. ADDENDUM						
NAME OF COMMITTEE			TYP.	E OF REPORT		
S. Expenses Incurred by Committee but Not Paid During this Period - Addendum						
Expenditure #	Supp	oorted Opposed		Amount of Expenditure		
Name of Candidate or Committee		Office Sought (if applicable)	Co	ost Allocated to Candidate or Committee		

Section T. ADDENDUM							
NAME OF COMMITTEE				TYPE OF REPORT			
T. Itemization of Reimbursements and Secondary Payees - Addendum							
Expenditure #	Suj	pported Opposed		Amount of Expenditure			
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee			